

JCG U.S. GOVT

JC943

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	A.S	943	1/20/01
<b>RESPONSE FORMALITY REVIEW</b>	M.M	780	2-28-01
			S-29-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/16/01
2	✓	✓	1/16/01
3	✓	✓	1/16/01
4	✓	✓	1/16/01
5	✓	✓	1/16/01
6	✓	✓	1/16/01
7	✓	✓	1/16/01
8	✓	✓	1/16/01
9	✓	✓	1/16/01
10	✓	✓	1/16/01
11	✓	✓	1/16/01
12	✓	✓	1/16/01
13	✓	✓	1/16/01
14	✓	✓	1/16/01
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If more than 150 claims or 10 actions  
staple additional sheet her

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